



## MINORITY AND WOMEN BUSINESS ENTERPRISE PROGRAM APPLICATION FOR CERTIFICATION

Mail to: M/WBE Program  
MMOB - Plaza Room 117  
P.O. Box 3136  
Greensboro, NC 27402-3136  
(336) 373-2674

The following information is submitted for consideration in determining the status of the firm named below as a Minority or Women Business Enterprise.

1. Name of Firm \_\_\_\_\_

2. Mailing Address of Firm \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

4. Contact Person \_\_\_\_\_

5. This firm is (check one) ☐ Sole Proprietorship ☐ Partnership ☐ Joint Venture ☐ Corporation  
☐ Other (specify) \_\_\_\_\_

6. This firm is seeking certification as a (check one) ☐ Minority Business Enterprise ☐ Women Business Enterprise  
in the area of ☐ Procurement, ☐ Construction, ☐ Professional Services.

7. Indicate those services or commodities for which the firm would like to be recognized.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Date Company Established? \_\_\_\_\_ Date Incorporated \_\_\_\_\_  
(If applicable)

9. A. Indicate the number of years the firm has been in business under the present name \_\_\_\_\_

B. Has the firm operated under a previous name? If so, please list any former names and address(es). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. How was the business started or acquired? (Attach supportive documents.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Identify **ALL** individuals who own **OR** share ownership of this firm.

| NAME  | RACE  | SEX   | PERCENTAGE OF OWNERSHIP | VOTING PERCENTAGE | YEARS OF OWNERSHIP |
|-------|-------|-------|-------------------------|-------------------|--------------------|
| _____ | _____ | _____ | _____                   | _____             | _____              |
| _____ | _____ | _____ | _____                   | _____             | _____              |
| _____ | _____ | _____ | _____                   | _____             | _____              |
| _____ | _____ | _____ | _____                   | _____             | _____              |
| _____ | _____ | _____ | _____                   | _____             | _____              |

12. List contributions of each of the owners.

| Name | Money | Equipment | Real Estate |
|------|-------|-----------|-------------|
|      | \$    | \$        | \$          |
|      | \$    | \$        | \$          |
|      | \$    | \$        | \$          |

13. Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management, including, but not limited to, those with primary responsibility for:

|  | NAME | RACE | SEX | TITLE | YRS. WITH FIRM |
|--|------|------|-----|-------|----------------|
| Administrative Decisions               |      |      |     |       |                |
| Estimating                             |      |      |     |       |                |
| Financial Decisions                    |      |      |     |       |                |
| Management of Office Operations        |      |      |     |       |                |
| Marketing and Sales                    |      |      |     |       |                |
| Personnel Decisions                    |      |      |     |       |                |
| Purchasing of Major Items and Supplies |      |      |     |       |                |
| Supervision of Field Operations        |      |      |     |       |                |

**ATTACH A SUMMARY OF QUALIFICATIONS FOR ALL INDIVIDUALS LISTED ABOVE**

Provide names, complete address and years of experience of all owners, partners and stockholders.

14. **Provide a clear statement prepared and signed by a Certified Public Accountant (CPA) or an attorney which supports your firm's identification as a business owned *and* controlled by minorities or women. (This must be on original letterhead.)**
15. Check all sources of documentation of which you are in possession that would serve as verification of the firm's status as a M/WBE. **PLEASE PROVIDE COPIES OF ALL ITEMS CHECKED BELOW.**

- |   |   |
|---|---|
| <input type="checkbox"/> Articles of Incorporation (and any amendments) | <input type="checkbox"/> Franchise Agreements   |
| <input type="checkbox"/> Assumed Name Certificate                       | <input type="checkbox"/> Lease Agreements       |
| <input type="checkbox"/> Banking Signature Card                         | <input type="checkbox"/> Loan Agreements        |
| <input type="checkbox"/> By-laws  | <input type="checkbox"/> Partnership Agreements |
| <input type="checkbox"/> Corporate Borrowing Resolution                 | <input type="checkbox"/> Purchase Agreements    |
| <input type="checkbox"/> Federal Tax Return                             | <input type="checkbox"/> Receipts for Capital   |
| <input type="checkbox"/> Financial Statement                            | <input type="checkbox"/> SBA 8(a) Certification |
| <input type="checkbox"/> Proof of U.S. Citizenship                      | <input type="checkbox"/> Stock Certificates     |

16. **PLEASE LIST ANY OTHER DOCUMENTATION INCLUDED:**

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17. **Attach** a copy of any stock options or other ownership options that are outstanding and any agreements between owners and/or third parties which restrict ownership or control of the minority or women owners.

**A firm seeking certification will be required to wait one year in the event that the firm has been restructured in the past 12 months.**

18. List officers and directors of the corporation (if applicable).

| NAME/TITLE | RACE | SEX | YRS. OFFICE HELD |
|------------|------|-----|------------------|
|            |      |     |                  |
|            |      |     |                  |
|            |      |     |                  |
|            |      |     |                  |

19. **Identify** any owner or management official of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners.

**Attach** list and explain.

20. Federal Employer ID Number \_\_\_\_\_ (IRS 941 Form)

S.S. # \_\_\_\_\_ Number of Employees \_\_\_\_\_

21. Is the firm authorized to do business in North Carolina **and** Greensboro?

☐ Yes    ☐ No    **Please provide copies of all business licenses.**

22. List most significant clients, projects or jobs within the past two years.

| FIRM NAME/ADDRESS | CONTACT PERSON | AREA CODE/PHONE # | TYPE OF PROJECT | AMOUNT |
|-------------------|----------------|-------------------|-----------------|--------|
|                   |                |                   |                 |        |
|                   |                |                   |                 |        |
|                   |                |                   |                 |        |
|                   |                |                   |                 |        |
|                   |                |                   |                 |        |

23. Credit references:  
(Provide complete mailing address, phone number, and contact person.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business references:  
(Provide complete mailing address, phone number, and contact person.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Firm's maximum operating radius: \_\_\_\_\_ miles

**FOR THOSE FIRMS IN THE CONSTRUCTION TRADES:**

25. Indicate type of NC Contractor's License \_\_\_\_\_ Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name of License Holder \_\_\_\_\_

26. If firm is a potential prime contractor, give name of bonding company and bonding limit. \_\_\_\_\_

\_\_\_\_\_

**In specialized areas for which professional accreditation or licenses are required for the conduct of such business, one or more of the minority or woman owners actively involved in the business must possess such licensing or accreditation.**

27. List major equipment in the firm's possession (indicate type and quantity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### AFFIDAVIT

In the understanding of the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the status of the firm, I/we do herein certify under penalties, which may be imposed by the City of Greensboro, that the information provided is correct and said information may be used for the purpose of certifying the firm named in item one, page one, as a Minority and/or Women Business Enterprise. I/we agree to make available for inspection to the City of Greensboro any such information which may be required to substantiate the degree of minority and/or female ownership and control of the firm. I/we also agree to arrange for on-site inspections of our firm's facilities in order to verify information provided in this document. I/we further agree that if, after completing this application, there are any significant changes in the information submitted, I/we shall notify the City of Greensboro of those changes as soon as possible. I/we understand that any material misrepresentation will be grounds for denial or revocation of certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
by President/Board Chairman **Only**

Title \_\_\_\_\_ Name of Firm \_\_\_\_\_

Corporate Seal (*where appropriate*)

State of \_\_\_\_\_ County of \_\_\_\_\_

One this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me appeared

(Name) \_\_\_\_\_, to me personally known, who, being duly sworn, properly did  
execute the foregoing affidavit, and did state that he or she was properly authorized by (Name of Firm) \_\_\_\_\_

\_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

(Seal)

Commission Expires \_\_\_\_\_

*This affidavit declares said firm to be a minority and/or woman owned  
business, and said affidavit shall become a matter of public record.*

#### FOR OFFICE USE ONLY

Certification Date \_\_\_\_\_ Certification Number \_\_\_\_\_

Signature of Certifying Officer \_\_\_\_\_